Your Hospital's Logo Here

G.I. PATHOLOGY FORM

Department of Pathology
Street Address
City, State Zip
Tel: 202.555.1212
Fax: 202.555.1212

PATIENT IDENTIFICATION

SPECIMEN #:	COLLECTION DATE:	PATIENT NAME: (Last) (First)

SEX: ☐ M ☐ F	PATIENT MED REC #:	PATIENT SSN:	PATIENT DOB:	TIME:

CLINICAL DATA — Symptoms, Signs & History (check all that apply)

- ☐ Anorexia
- ☐ Bleeding
- *Bleeding Location* ____
- ☐ Diarrhea (bloody)
- ☐ Diarrhea (watery)
- ☐ Dyspepsia
- ☐ Dysphagia
- ☐ Heartburn
- ☐ Hem; positive stool
- ☐ Iron Deficient Anemia
- ☐ Microscopic Colitis
- ☐ Nausea
- ☐ NSAID Usage
- ☐ Pain
- ☐ Reflux
- ☐ Screening
- ☐ Weight Loss
- ☐ Family Hx of Cancer
- *Cancer Type* ____
- ☐ Family Hx of H. Pylori
- ☐ Family Hx of Barrett's Esophagus
- ☐ Personal Hx of Cancer
- *Cancer Type* ____
- ☐ Personal Hx of Idiopathic Inflammatory Bowel Disease
- ☐ Personal Hx of Lymphoma
- ☐ Personal Hx of Polyps
- ☐ Family Hx of Polyps
- ☐ Other: ____

UPPER G.I. SPECIMEN

#	FROM		Esophagus	EG Junction	Fundus	Body	Antrum	Duodenum (Bulb)	Duodenum	Proximal Small Bowel	Distal Small Bowel	Other (Describe)	
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____

LOWER G.I. SPECIMEN

#	FROM		Ileum	Cecum	Ascending	Hepatic Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Rectum (Proximal)	Rectum (Distal)	Anus	Other (Describe)	
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____
____	____	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____

RULE OUT

- ☐ BARRETT'S
- ☐ H. PYLORI GASTRITIS
- ☐ INFLAMMATORY BOWEL DISEASE
- ☐ ENTEROPATHY
- ☐ NEOPLASM
- ☐ COLLAGENOUS -or- MICROSCOPIC COLITIS
- ☐ PARASITES
- ☐ OTHER ____

CPT CODES

- ☐ 88305 ____
- ☐ 88307 ____
- ☐ 88309 ____
- ☐ 88312 ____
- ☐ 88313 ____
- ☐ 88342 ____
- ☐ OTHER ____
- ☐ OTHER ____
- ☐ OTHER ____

PATHOLOGIST:	DATE:	PHYSICIAN'S SIGNATURE:	DATE: